Form # 7
Request for Review
Part XX - Freedom of Information and Protection of Privacy
*** Subsection 487(1) *Municipal Government Act***

HALIFAX
REGIONAL MUNICIPALITY

TO: Review Officer (FOIPOP)
Province of Nova Scotia
Box 181, Halifax, NS B3J 2M4

1. This Request for Review arises out of an Application for Access to a Record or a Request for Correction of Personal Information submitted to the **Halifax Regional Municipality** on the ____ day of _____, 20____, a copy of which Application or Request is attached.

2. The applicant requests that the Review Officer review the following decision, act or failure to act of the Responsible Officer of the Municipality:
Check where applicable:
_____ (a) the decision dated or made on the _____day of _____, 20___, a copy of which is attached to this Request for Review;

_____ (b) (*specify act or failure to act)* _____
_____

3. The applicant requests that the Review Officer recommend that:
Check where applicable:

_____ (a) the Responsible Officer of the Municipality give access to the record as requested in the Application for Access to a Record;

_____ (b) the Responsible Officer of the Municipality correct the personal information as requested in the Request for Correction of Personal Information;

_____ (c) (*specify other recommendation or recommendations, if any, you consider appropriate)*.

NAME OF APPLICANT:_____ DATE :_____

SIGNATURE OF APPLICANT: _____

MAILING ADDRESS OF APPLICANT:
_____
_____
_____

TELEPHONE NUMBER OF APPLICANT: _____ _____
(Residence) *(Business)*

FAX NUMBER OF APPLICANT: _____

CELL NUMBER OF APPLICANT: _____